

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>	<i>SS</i>	<i>47</i> <i>JC877</i>	<i>12/6/00</i> <i>03-28-01</i>
<b>RESPONSE FORMALITY REVIEW</b>	<i>An</i>	<i>917</i>	<i>11-26-01</i>

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral).... Canceled      A ..... Appeal  
 ÷ ..... Restricted      0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	8/24/03
2	✓	✓	8/24/03
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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32	✓	✓	
33	✓	✓	
34	✓	✓	
35	✓	✓	
36	✓	✓	
37	✓	✓	
38	0	0	
39	✓	✓	
40	0	0	
41	✓	✓	
42	0	0	
43	✓		
44	✓		
45	✓		
46	✓		
47	✓		
48	✓		
49	✓		
50	✓		

Claim	Final	Original	Date
51	✓		
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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1  
3/25  
03-25-01  
11/26/01